

Licensee Name
Statement of Attestation by Department Head

I certify that the following system of Internal Controls, Pursuant to LAC, Title 42, Part (VII, IX or XIII), Section 2715, meets the minimum Internal Control Standards as required by the Administrative Rules and Regulations.

Furthermore, I certify that I have reviewed the applicable amended Internal Controls that affect my department and that they accurately portray the operations intended and include all anticipated affects on other related Internal Controls.

Dept. Head Signature

Department

Date